

Congress of the United States
Washington, DC 20515

March 14, 2022

The Honorable Denis R. McDonough
Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Secretary McDonough,

My office was recently briefed on the results of the VA Market Assessment conducted as a program of the MISSION Act of 2018. As you are aware, the MISSION Act's purpose is to address ongoing severe difficulties for many veterans who receive and access care through VA systems, and to "meet the future health care demand of the Veteran enrollee population with the capacity in the Market."

Unfortunately, based on what we have heard from your representatives from the Montana VA Health Care System (MTVAHCS) and on what my staff has found, the recommendations that have come from the market assessment may greatly exacerbate access issues for Montana veterans.

Mr. Secretary, I fully believe in your commitment to serving veterans and providing them with the best healthcare possible. When managing a health system with as wide a reach as the Veterans Health Administration, it can be easy to miss some of the unique problems that our veterans face in Montana.

Montana is vast and her population diffuse. This is especially true in the Eastern part of the state, where the VA is recommending the closure of three facilities that would affect approximately 1,000 veterans. Even providing for VA benefits for health-related travel and Community Care, small changes to MTVAHCS can have outsized consequences for large parts of the state.

The problem is that Community Care can be few and far between and the distance to the next VA facility can be discouragingly far. For instance, the minimum distance that a veteran in Plentywood would have to travel is over 80 miles to the clinic in Williston. The minimum distance for a veteran in Glasgow is even worse, at 145 miles to the clinic in Miles City.

Notwithstanding the ongoing problems that our veterans are having with the Beneficiary Travel Self Service System, Beneficiary Travel could never compensate them for the hours they will spend commuting both there and back. We understand that long commutes are a simple reality in Montana, but this will be a sudden and significant new burden on veterans whose health is the mission of the VA.

As you can imagine, some of these recommendations do not comport with our view of how best to provide for the veterans of Montana.

I recognize that the market assessment served an important purpose, and that the VA must be good stewards of scarce resources. I do not expect the VA to spend every last dollar maintaining clinics for

small populations of veterans; however, I do expect the VA to furnish the quality care that these veterans have earned through their service.

To that end, I have the following questions:

- Has the VA determined how many veterans in Montana will lose access to their current clinic? If so, how many?
- If veterans lose access to their preferred clinic, what actions will the VA take to make sure veterans have access to the benefits they have been promised?
- For rural and frontier states like Montana, Community Care will most likely factor into the future VA provision of care. In what ways will the VA commit to increasing flexibility for participating providers and ensuring smooth delivery of care to veterans?
- We were told that veterans in long-term care facilities designated for closure will be relocated to private facilities, but the VA has strict requirements for private facilities to participate in VA programs. Furthermore, we are aware of several long-term care facilities that have recently come under new management and who refuse to contract with the VA due to the difficulty in maintaining those contracts. What will the VA do to ensure that current residents will be able to stay in or near their current community?
- The recommendations are set to be voted on with an up-or-down vote as a slate, rather than as regional packages or line items. This virtually guarantees a “no” vote if there are issues such as those outlined in this letter. What will the VA do to fulfill the intent of the MISSION Act if these recommendations are rejected?

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Rosendale, Sr.", with a stylized flourish at the end.

Matthew Rosendale, Sr.
Ranking Member
Subcommittee on Technology Modernization
House Committee on Veterans' Affairs